THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes Sir, Malaria cases in Goa has increased to 8252 as compared to 7806 during the corresponding period of 2007. However, during last six months (May-October) in 2008, 5732 malaria cases were reported'as compared to 6254 in 2007 during the same period.

(c) State Government has not approached the Union Government for assistance.

(d) and (e) During 2007, Central team from Regional Office of Health & Family Welfare, Bangalore has taken up drug sensitivity study. Based on the results the Sulfa Pyremethamine Artesunate combination therapy for treatment of P. falciparutn has been introduced in the State.

Absenteism among the health workers

1322.SHRI B.K. HARIPRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the World Bank's Global Monitoring Report 2008 has revealed rampant absenteeism among health workers in the country assessed at 40 per cent among the primary health care workers;

(b) whether it is a fact that absenteeism among health workers is more acute in rural areas; and

(c) whether this factor is likely to adversely impact the on-going Millennium Development Goals projects aimed at reducing child and maternal mortality?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The world Bank's Global Monitoring Report 2008 has been published by World Bank (WB) and International Monitory Fund (IMF) as an assessment of progress made by various countries towards achieving the Millennium Development Goals (MGDs). The report is based on findings, interpretations and conclusions contained in working papers prepared by WB. The report notes that performance of health facilities in India can be substantially improved if the absenteeism among health workers is addressed.

Availability of appropriate skill mix at various levels in the public health delivery system is a key determinant of functionality of health facilities. Due to constraints of infrastructure and relatively weak overall development in rural areas, it has been a challenge to retain health functionaries on 24x7 basis in health facilities in rural areas. This factor has been noted as a key determinant to achieving the MDG in India.

To address this matter, the Government has included Human resource augmentation as key component of the National Rural Health Mission (NRHM). The NRHM was launched on 12th April 2005 for the period 2005-2012 and aims to provide accessible, affordable and quality health services to the poorest households in the remotest rural regions. NRHM includes strategies like local recruitment of human resources on contract, recruitment for specific health facilities by the Rogi Kalyan Samitis, incentives and hard area allowances, blended payments to health functionaries for

difficult areas, rational transfer/posting policies etc. The capacity for pre-service and in-service trainings for critical skills has also been expanded under NRHM to address the availability and retention of key skills at health facilities. The successful implementation of NRHM has reduced absenteeism and improved availability of critical skills. This has accelerated the progress towards achievement of MDGs aimed at reducing child and maternal mortality.

Credit facility for medical treatment

1323.SHRI ALI ANWAR ANSARI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the employees of the Ministry of Health and Family Welfare are extended credit facility when they get treatment in the private hospitals on the Government panel;

(b) whether the State Government of Tamil Nadu has recently allowed its employees to get the required treatment from any private hospital on the panel of the State Government without getting referred from the dispensary/ Government hospital/the concerned department; and

(c) if so, does Government proposes to extend these facilities to the employees of all the Ministries/departments of Central Government in order to decongest the Government hospitals and bring uniformity?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir.

(b) It is the prerogative of each State Government to take decision regarding conditions of service of its employees and facilities to be made available to them, which the Central Government is not liable to adopt.

(c) No, Sir.

Post graduate medical education facilities

1324.SHRI S. ANBALAGAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that MBBS doctors are finding it very difficulty to join post graduate courses in various disciplines of medicine due to very few post graduate/post doctoral medical colleges available in the country;

(b) if so, the steps proposed to be taken by Government in this regard; and

(c) the details of the number of medical colleges which impart post doctoral courses such as MS, MD, etc. in each State?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) At present, approximately 11,600 seats are available in different postgraduate courses for approximately 23000 MBBS students passed out from various medical